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007470

7390

04/05/2004

WHITE & CASE LLP  
PATENT DEPARTMENT  
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NEW YORK, NY 10036

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Algis Anilionis; Reg. No. 36,995 (Depositor's name)  
*Algis Anilionis* (Signature)  
June 30, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/848,834	05/04/2001	Stephen Grimes	1102865-0047	7489

TITLE OF INVENTION: CHIMERIC PEPTIDE IMMUNOGENS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES <input checked="" type="checkbox"/>	\$665 <del>-\$1930</del>	\$300	\$965 <del>\$1630</del>	07/06/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
HUYNH, PHUONG N	1644	424-185100			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. White & Case LLP

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Aphtron Corporation

Woodland, California

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 4 copies

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 23-1703 (enclose an extra copy of this form).

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(Authorized Signature) *Algis Anilionis*

(Date) June 30, 2004

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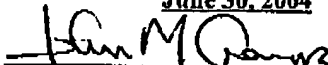
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Enclosed are the following documents for payment of the above issue fee:

- 1) PTOL-85 – Issue Fee Transmittal; and
- 2) PTO-2038 – Credit Card Payment Form.

Please acknowledge receipt of the above.

Enclosures